

LIMITATIONS

4b. The State complies with the provisions of P.L. 101-239, Section 6403 and Section 1905(r).

4c. Family Planning Services and Supplies

Sterilization procedures limited to those individuals who are 21 years of age or older, are mentally competent, not institutionalized and a departmental consent form has been properly completed at least 30 days, but not more than 180 days, prior to the procedure.

5a. and 5b. Physicians' Services and Medical and Surgical Services Furnished by a Dentist.

Physician services for sterilization procedures limited to those individuals who are 21 years of age or older, are mentally competent, not institutionalized and a departmental consent form has been properly completed at least 30 days, but not more than 180 days, prior to the procedure.

Payment for surgical procedures of a cosmetic nature can only be considered for payment when performed for a functional purpose.

Payment made for visits to patients residing in group care facilities limited to a maximum of six patients treated on the same day.

Payment made for office visits by a family limited to a maximum of three family members treated on the same day.

6a. Podiatrists' Services

Payment is limited to routine foot care, certain surgical procedures performed in the office or home setting and x-rays performed for diagnostic evaluation purposes.

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TN No. 95-007

Supersedes

TN No. 94-011

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LIMITATIONS

4b. The State complies with the provisions of P.L. 101-239, Section 6403 and Section 1905(r).

4c. Family Planning Services and Supplies

Sterilization procedures limited to those individuals who are 21 years of age or older, are mentally competent, not institutionalized and a departmental consent form has been properly completed at least 30 days, but not more than 180 days, prior to the procedure.

5a. and 5b. Physicians' Services and Medical and Surgical Services Furnished by a Dentist.

Physician services for sterilization procedures limited to those individuals who are 21 years of age or older, are mentally competent, not institutionalized and a departmental consent form has been properly completed at least 30 days, but not more than 180 days, prior to the procedure.

Payment is not made for abortion services unless 1) the pregnancy is the result of an act of rape or incest, or 2) a hospital committee determines that the abortion is necessary in order to preserve the life of the woman and the abortion is performed in a hospital licensed by the Rhode Island Department of Health.

Payment for surgical procedures of a cosmetic nature can only be considered for payment when performed for a functional purpose.

Payment made for visits to patients residing in group care facilities limited to a maximum of six patients treated on the same day.

Payment made for office visits by a family limited to a maximum of three family members treated on the same day.

6a. Podiatrists' Services

Payment is limited to routine foot care, certain surgical procedures performed in the office or home setting and x-rays performed for diagnostic evaluation purposes.

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TN No. ~~94~~-010

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State/Territory: RHODE ISLAND

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

c. Chiropractors' services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

d. Other practitioners' services.

☐ Provided: Identified on attached sheet with description of
limitations, if any.
☒ Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health
agency or by a registered nurse when no home health agency exists in the
area.

Provided: ☐ No limitations ☒ With limitations*

b. Home health aide services provided by a home health agency.

Provided: ☐ No limitations ☒ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the
home.

Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment, and including prior authorization requirements
specified in pages 9, 10, and 11 of this attachment.

TN No. 92-02

Supersedes Approval Date DEC 9 1992

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TN No. 85-16

HCFA ID: 7986E

State/Territory: RHODE ISLAND

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

8. Private duty nursing services.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

*Description provided on attachment, and including prior authorization requirements specified in pages 9, 10, and 11 of this attachment.

TN No. 92-02

Supersedes

Approval Date

Effective Date 7/1/92

TN No. NEW

HCFA ID: 7986E

LIMITATIONS

Attachment 3.1-A
Supplement to Page 3 and Page 3a

7c. Medical Supplies, Equipment and Appliances

Limited to those items provided for in the manual entitled "Provisions for the Payment of Durable Medical Equipment, Surgical Appliances and Prosthetic Devices through the Rhode Island Medical Assistance Program."

7d. Physical Therapy, Occupational Therapy and Speech Pathology Services

Limited to physical therapy, occupational therapy or speech pathology services when provided by a home health agency.

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TN No. 85-16

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**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

10. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

11. Physical therapy and related services.

a. Physical therapy.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

b. Occupational therapy.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

* Description provided on attachment.
Including prior authorization requirements as specified in pages 9, 10, and 11 of this Attachment.

TN No. 94-024
Supersedes
TN No. 85-16

Approval Date OCT 5 1994

Effective Date 7/1/94
HCFA ID:0069P/0002P

LIMITATIONS

Attachment 3.1-A
Supplement to Page 4

9. Clinic Services

Ambulatory Surgical Centers limited to performing ambulatory surgical procedures as promulgated by HCFA; and must be licensed as Freestanding Ambulatory Surgical Centers by the Rhode Island Department of Health.

10. Dental Services

Orthodontic services limited to eligible individuals under age 21 who participate in the Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) Program and present severe dental deformities and/or marked functional impairments. Bridgework, root canal therapy for bicuspid and molars, jacket crowns, orthognathic surgery or extensive periodontal surgery are not covered.

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MAY 1985

ATTACHMENT 3.1-A
Page 5
OMB NO.: 0938-0193

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Dentures.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

c. Prosthetic devices.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

d. Eyeglasses.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

*Description provided on attachment.

Including prior authorization requirements as specified in pages 9, 10 and 11 of this Attachment

TN No. 85-16

Supersedes

TN No. _____

Approval Date

8/30/85

Effective Date 8/16/85

HCFA ID: 0069P/0002P

LIMITATIONS

Attachment 3.1-A
Supplement to Page 512a. Prescribed Drugs

Limited to certain drugs prescribed by a licensed physician (Doctor of Medicine or Doctor of Osteopathy), dentist, optometrist or podiatrist and dispensed by a registered pharmacist in a licensed pharmacy. Such drugs are those recognized in the current U.S. Pharmacopeia, National Formulary, and supplement of these compendia and the Pharmacy Manual entitled "Provision for the Purchase of Drugs through the Rhode Island Medical Assistance Program".

12c. Prosthetic Devices

Limited to those items provided for in the manual entitled "Provisions for the Payment of Durable Medical Equipment, Surgical Appliances and Prosthetic Devices through the Rhode Island Medical Assistance Program."

12d. Eyeglasses

Payment for corrective vision devices other than eyeglasses will be considered only in those instances in which eyeglasses will not correct the visual impairment.

The following Optometric Services are limited to once every two years: one refractive eyecare exam; one pair of eyeglasses (frames, lenses, and dispensing fees).

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AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Preventive services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

d. Rehabilitative services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Skilled nursing facility services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

c. Intermediate care facility services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

*Description provided on attachment.

Including prior authorization requirements as specified in pages 9, 10 and 11 of this Attachment.

TS No. 87-03A

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